

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	/		/			
3			/			
4			/			
5	1		/			
6			/			
7			/			
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TOTAL IND.			1			
TOTAL DEP.			14			
TOTAL CLAIMS			15			

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IND.	DEP.	IND.	DEP.
51			
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			